



WV-8453 Rev. 09/2020

STATE OF WEST VIRGINIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Form with fields for Period beginning (01/01/2022), Period ending (12/31/2022), and personal information including names, SSN, and address.

Part I Tax Return Information (whole dollars only)

Table with 4 rows: 1. Federal Adjusted Gross Income .00, 2. West Virginia Income Tax 0.00, 3. Balance Due .00, 4. Refund 97.00

Part II Direct Deposit or Electronic Funds Withdrawal

Form with fields for Routing transit number (054001725), Depositor account number (4380036082), and account type (Checking).

Part III Declaration of Taxpayer

I consent that my refund be directly deposited or my payment due be withdrawn by electronic debit as designated in Part II. I further authorize the State of West Virginia to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any entries in error into my Checking or Savings account as indicated above in Part II and the Financial Institution indicated above in Part II, to credit the same any amount(s) owed to me by the State of West Virginia.

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my Electronic Return Originator and that the amount described in Part I above agree with the amounts shown on the corresponding lines of my West Virginia income tax return.

Signature lines for Taxpayer and Spouse with labels 'Please Sign Here', 'Your signature', 'Date', 'Spouse's signature', 'Date'.

Part IV Declaration & Signature of Electronic Return Originator (ERO) & Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on Form WV-8453 are complete and correct to the best of my knowledge. (ERO's who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that Form WV-8453 accurately reflects the data on the return.)

Form for ERO/Paid Preparer with fields for Signature, Firm Name (GLOBAL TAXES LLC), Date (04152023), Check if (Self-Employed), and PTIN/SSN.

ERO's are instructed to retain the WV-8453 and all supporting documents for not less than three (3) years.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

Form for Paid Preparer with fields for Signature, Firm Name (GLOBAL TAXES LLC), Date (04152023), Check if (Self-Employed), and PTIN/SSN.

NOTE: Part IV of this form MUST be completed in full as required. ERO's are required to file and hold this document and all attachments for three (3) years from date filed.

SOCIAL SECURITY NUMBER	066594375	Deceased <input type="checkbox"/>	Date of Death*	**SPOUSE'S SOCIAL SECURITY NUMBER	579295442	Deceased <input type="checkbox"/>	Date of Death*	
LAST NAME	SAMALA			SUFFIX	YOUR FIRST NAME		SANTOSH REDDY	MI
SPOUSE'S LAST NAME	MCKEY			SUFFIX	SPOUSE'S FIRST NAME		CHAIANNE	MI A
FIRST LINE OF ADDRESS	2701 KEYSTONE LANE APT 101			SECOND LINE OF ADDRESS				
CITY	VIENNA			STATE	VA	ZIP CODE	22180	
TELEPHONE NUMBER	7033386111	EMAIL	SAMALA.SANTOSHREDD				EXTENDED DUE DATE	MM/DD/YYYY

* ONLY INCLUDE A DECEASED TAXPAYER AND THEIR DATE OF DEATH IF IT OCCURRED IN THIS TAX YEAR. FOR THE NEXT TWO YEARS, PLEASE LIST THEM BELOW ON THE SURVIVING SPOUSE EXEMPTION.

AMENDED RETURN NONRESIDENT SPECIAL NONRESIDENT/PART YEAR RESIDENT FORM WV-8379 FI LED AS AN INJURED SPOUSE

FILING STATUS (CHECK ONE) 1 SINGLE 2 HEAD OF HOUSEHOLD 3 MARRIED, FILING JOINT 4 MARRIED, FILING SEPARATE 5 WIDOW(ER) WITH DEPENDENT CHILD
 **Enter spouse's SS# and name in the boxes above

EXEMPTIONS

(a) YOURSELF	To claim an exemption for yourself, enter 1. If someone can claim you as a dependent, leave box (a) blank.)	(a)	1
(b) SPOUSE	To claim an exemption for your spouse, enter 1. They may not be claimed as an exemption by anyone else.	(b)	1
(c) DEPENDENTS	List your dependents. If over four dependents, continue on Schedule DP on page 11. Enter total number of dependents	(c)	
		Dependent First name	
		Dependent Last name	
		Social Security Number	
		Date of Birth (MM DD YYYY)	
(d) SURVIVING SPOUSE	(See page 21) Decedents SSN	Year Spouse Died:	(d)
(e) Total Exemptions	(add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below.		(e) 2

1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-A	1		.00
2. Additions to income (line 58 of Schedule M).....	2		.00
3. Subtractions from income (line 49 of Schedule M).....	3		.00
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3).....	4		.00
5. Low-Income Earned Income Exclusion (see worksheet on page 25).....	5		.00
6. Total Exemptions as shown above on Exemption Box (e) <u>2</u> x \$2,000	6	4000	.00
7. West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO	7		.00
8. Income Tax Due (Check One)	8	0	.00

Tax Table Rate Schedule Nonresident/Part-year resident calculation schedule

TAX DEPT USE ONLY

PAY PLAN	COR	SCTC	NRSR	HEPTC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MUST INCLUDE WITHHOLDING FORMS WITH THIS RETURN (W-2s, 1099s, Etc.)



T 0 4 0 2 0 2 2 0 1

PRIMARY LAST NAME	SAMALA	SOCIAL SECURITY NUMBER	066594375	8. Total Taxes Due (line 8 from previous page)	8	0	.00
9. Credits from Tax Credit Recap Schedule (see schedule on page 5)				9			.00
10. Line 8 minus 9. If line 9 is greater than line 8, enter 0				10	0		.00
11. Overpayment previously refunded or credited (amended return only)				11			.00
12. Penalty Due from Form IT-210 <input type="checkbox"/> CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here				12			.00
13. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 41). <input checked="" type="checkbox"/> CHECK IF NO USE TAX DUE				13			.00
14. Add lines 10 through 13. This is your total amount due.....				14			.00
15. West Virginia Income Tax Withheld (See instructions page 22) <input type="checkbox"/> Check if withholding from NRSR (Nonresident Sale of Real Estate)				15	97		.00
16. Estimated Tax Payments and Payments with Schedule 4868				16			.00
17. Non-Family Adoption Tax Credit if applicable (include Schedule WV NFA-1)				17			.00
18. Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-A)				18			.00
19. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1 and Class II receipt)				19			.00
20. Amount paid with original return (amended return only)				20			.00
21. Payments and Refundable Credits (add lines 15 through 20)				21	97		.00
22. Balance Due (line 14 minus line 21). If Line 21 is greater than line 14, complete line 23 PAY THIS AMOUNT				22			.00
23. Line 21 minus line 14. This is your overpayment				23	97		.00
24. Indicate donations from line 23. Enter below and enter the sum of columns 24A, 24B, and 24C on Line 24							
24A. CHILDREN'S TRUST FUND	24B. WV DEPT. OF VETERANS ASSISTANCE	24C. STATE VETERANS CEMETERY		24			.00
25. Amount of Overpayment to be credited to your 2023 estimated tax.....				25			.00
26. Refund due to you (line 23 minus line 24 and line 25)..... REFUND				26	97		.00

Direct Deposit of Refund

CHECKING SAVINGS

054001725

ROUTING NUMBER

4380036082

ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.

I authorize the Tax Division to discuss my return with my preparer YES NO

Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of mv knowledge and belief, it is true, correct and complete.

Your Signature	Date	Spouse's Signature	Date	Telephone Number
<input type="checkbox"/> Preparer: Check HERE if client is requesting NOT to efile		843171965 SYAM PRIYA RAM SAGAR GUPTA	04152023	6789659522
		Preparer's EIN	Signature of preparer other than above	Date

SYAM PRIYA RAM SAGAR GUPTA TALLAM GLOBAL TAXES LLC

Preparer's Printed Name	Preparer's Firm
FOR REFUND, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 1071 CHARLESTON, WV 25324-1071	FOR BALANCE DUE, MAIL TO THIS ADDRESS: WV TAX DIVISION P.O. BOX 3694 CHARLESTON, WV 25336-3694

Payment Options: Returns filed with a balance of tax due may pay through any of the following methods:
• Check or Money Order payable to the WV Tax Division - Enclose check or money order with your return.
• Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".
• Credit Card Payment - May be made by visiting the Treasurer's website at: epay.wvsto.com/tax



T 0 4 0 2 0 2 2 0 2

NONRESIDENTS/PART-YEAR RESIDENTS
SCHEDULE OF INCOME

2022

PART-YEAR RESIDENTS: FROM: [] [] [] [] TO: [] [] [] []
Enter period of West Virginia residency MM/DD/YYYY MM/DD/YYYY

(To Be Completed By Nonresidents and Part-Year Residents Only) INCOME	COLUMN A: AMOUNT FROM FEDERAL RETURN		COLUMN B: ALL INCOME DURING PERIOD OF WV RESIDENCY		COLUMN C: WV SOURCE INCOME DURING NONRESIDENT PERIOD	
1. Wages, salaries, tips (withholding documents)	1	.00	.00	.00		.00
2. Interest	2	.00	.00	.00		.00
3. Dividends	3	.00	.00	.00		.00
4. IRAs, pensions and annuities	4	.00	.00	.00		.00
5. Total taxable Social Security and Railroad Retirement benefits (see line 32 and 38 of Schedule M)	5	.00	.00	.00		.00
6. Refunds of state and local income tax (see line 36 of Schedule M)	6	.00	.00	.00		.00
7. Alimony received	7	.00	.00	.00		.00
8. Business profit (or loss)	8	.00	.00	.00		.00
9. Capital gains (or losses)	9	.00	.00	.00		.00
10. Supplemental gains (or losses)	10	.00	.00	.00		.00
11. Farm income (or loss)	11	.00	.00	.00		.00
12. Unemployment compensation insurance	12	.00	.00	.00		.00
13. Other income from federal return (identify source)	13	.00	.00	.00		.00
14. Total income (add lines 1 through 13)	14	.00	.00	.00		.00
ADJUSTMENTS						
15. Educator expenses	15	.00	.00	.00		.00
16. IRA deduction	16	.00	.00	.00		.00
17. Self-employment tax deduction	17	.00	.00	.00		.00
18. Self Employed SEP, SIMPLE and qualified plans	18	.00	.00	.00		.00
19. Self-employment health insurance deduction	19	.00	.00	.00		.00
20. Penalty for early withdrawal of savings	20	.00	.00	.00		.00
21. Other adjustments (See instructions page 28)	21	.00	.00	.00		.00
22. Total adjustments (add lines 15 through 21)	22	.00	.00	.00		.00
23. Adjusted gross income (subtract line 22 from line 14 in each column)	23	.00	.00	.00		.00
24. West Virginia income (line 23, Column B plus column C)	24					.00
25. Income subject to West Virginia Tax but exempt from federal tax.....	25					.00
26. Total West Virginia income (line 24 plus line 25). Enter here and on line 2 on the next page	26					.00



SCHEDULE A (CONTINUED)

PART I: NONRESIDENT/PART-YEAR RESIDENT TAX CALCULATION

1. Tentative Tax (apply the appropriate tax rate schedule on page 34 to the amount shown on line 7, Form IT-140).....	1		.00
2. West Virginia Income (line 26, Schedule A).....	2		.00
3. Federal Adjusted Gross Income (line 1, Form IT-140).....	3		.00
4. Tax (divide line 2 by line 3, round to 4 decimal places and multiply the result by line 1). Enter here and on line 8, Form IT-140	4		.00

PART II: SPECIAL NONRESIDENT INCOME FOR RESIDENTS OF RECIPROCAL STATES AND CERTAIN ACTIVE MILITARY MEMBERS

ELIGIBILITY: Complete this section **ONLY** if **ALL THREE** of the following statements were true for 2022.

- You were EITHER a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia **OR** a member of the military assigned to active duty in West Virginia whose domicile is outside West Virginia
- Your only West Virginia source income was from wages and salaries.
- West Virginia income tax was withheld from such wages and salaries by your employer(s).

If you were a non-military, domiciliary resident of Pennsylvania or Virginia and spent more than 183 days in West Virginia, you are also considered a resident of West Virginia and must file Form IT-140 as a resident of West Virginia.

NOTE: If you were a resident of any state other than Kentucky, Ohio, Maryland, Pennsylvania, or Virginia, you are ineligible to complete Part II. You must check the box Filing as Nonresident or Filing as a Part-Year Resident and Complete Schedule A and Part I to report any income from West Virginia sources.

I declare that I was not a resident of West Virginia at any time during 2022, I was a resident of the state shown OR was in West Virginia pursuant to active duty military orders, my only income from sources within West Virginia was from wages and salaries, and such wages and salaries were subject to income taxation by my state of residence.

YOUR STATE OF RESIDENCE (Check one):

- 1 Commonwealth of Kentucky 4 Commonwealth of Pennsylvania Number of days spent in West Virginia _____
- 2 State of Maryland 5 Commonwealth of Virginia Number of days spent in West Virginia 0
- 3 State of Ohio 6 Active Military, stationed in West Virginia but not domiciled here (Must enclose military order and DD2058)

	(A) Primary Taxpayer's Social Security Number	(B) Spouse's Social Security Number		
	066594375	579295442		
5. Enter your total West Virginia Income from wages and salaries in the appropriate column	5	.00	2675	.00
6. Enter total amount of West Virginia Income Tax withheld from your wages and salaries paid by your employer in 2022	6	.00	97	.00
7. Line 6, column A plus line 6 column B. Report this amount on line 15 of Form IT-140	7		97	.00





SANTOSH REDD SAMALA
CHAIANNE A MCKEY
2701 KEYSTONE LANE APT 101

VIENNA VA 22180

SSN - You SAMA 066594375 Vendor ID 1555 XXXXX

SSN - Spouse MCKE 579295442

Fed Adj Gross Income (FAGI)	1.	170666.	Withholding (VA) - You	19A.	8505.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	170666.	Estimated Payments	20.	
Age Deduction - You	4A.		2021 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	8505.
Total VA Adj Gross Income (VAGI)	9.	170666.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	41.
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	17860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	152806.	Sales and Use Tax	33.	
Amount of Tax	16.	8529.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.	65.	Will Pay by Credit/Debit Card	N	
VAGI - Spouse	17A.	2675.	Your Refund		41.
Net Amount of Tax	18.	8464.	Bank Routing #	C	054001725
			Bank Account #		4380036082





Filing Status, Age & License Information

Additional Filing Information

Filing Status 2
 Federal Head of Household
 DOB - You 02151978
 VA Driver's License ID - You E62435559
 VA Driver's License - Iss. Date - You 03182020
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse 07261998
 VA Driver's License ID - Spouse B61433931
 VA Driver's License - Iss. Date - Spouse 02042021

Locality 600
 Uninsured & Authorize DMAS
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 Reason Code
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 Form 760C or 760F
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 1 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 2 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date
 Signature - Spouse _____ Date
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

7033386111
 Phone - You
 Phone - Spouse
 Phone - Preparer
 041523
 6789659522
 7 P02082703

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information
GLOBAL TAXES LLC

File by May 1, 2023
Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT
E BRUNSWICK

NJ 08816

2022 Schedule INC/CG

066594375

Report all W-2s, 1099s & VK-1s with VA Withholding



SANTOSH REDD SAMALA

CHAIANNE A MCKEY

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
066594375	W	532.	061672194	30061672194F001	10000.
066594375	W	5427.	980429806	30980429806F001	104241.
066594375	W	2546.	464277270	30464277270F001	53750.

Total VA Withholding	SSN	VA Withholding
You	066594375	8505.
Spouse		

Total # of W-2s, 1099s & VK-1s	03
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To avoid delays - be sure to enter all information, including the Employer's FEIN.

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

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Your Name	B Your Social Security Number	
SANTOSH REDDY SAMALA	066-59-4375	
Spouse's Name	A Spouse's Social Security Number	
CHAIANNE A MCKEY	579-29-5442	
Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		170666.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		170666.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		152806.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		8464.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		8505.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		41.

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

9	4	3	7	5
---	---	---	---	---

 as my signature on my 2022 e-filed Virginia individual income tax return.
Do not enter all zeros

GLOBAL TAXES LLC

ERO Firm Name

I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

9	5	4	4	2
---	---	---	---	---

 as my signature on my 2022 e-filed Virginia individual income tax return.
Do not enter all zeros

GLOBAL TAXES LLC

ERO Firm Name

I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature _____ Date _____

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.

2	2	2	4	9	6	3	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date 04-15-23